

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER	414	3-7-93
TYPIST	319	3-8-93
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Final Original	Date
1	1	1
2	1	1
3	1	1
4	1	1
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50	1	1

SYMBOLS

<	Rejected
=	Allowed
- (Through number)	Cancelled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	Date
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LAST AVAILABLE COPY